

PROVIDER MEMO

To: Santa Clara Family Health Plan Contracted Providers
From: Provider Network Management
Date: March 27, 2020
Subject: Reimbursement for Telehealth & Virtual Care for Medi-Cal & Cal MediConnect

Dear Providers,

This memo serves to provide additional detail and clarification to the Santa Clara Family Health Plan (SCFHP) provider memo published on March 20, 2020 regarding reimbursement for telehealth services for covered benefits.

This guidance applies to all SCFHP contracted providers for Cal MediConnect and directly contracted providers for Medi-Cal. SCFHP does not require a prior authorization for telehealth and virtual care visits. Any Current Procedural Terminology (CPT) or Health Care Procedures Coding System (HCPCS) codes that are capitated services under an SCFHP contract will be handled as a capitated service when billed as a telehealth and/or virtual/telephonic visit.

Note: Providers who have contractual relationships with delegated entities (i.e., Valley Health Plan, Physician's Medical Group, and Premier Care) for Medi-Cal should look to those entities for specific guidance for Medi-Cal services.

State of Emergency Declaration

Following the national and Santa Clara County state of emergency declarations and the "shelter in place" order, it is imperative that people have access to medical care while practicing social distancing. In order to accomplish this, consistent with State and Federal guidance and recognizing the extraordinary circumstances we are facing, SCFHP has temporarily implemented the following guidance for telehealth and virtual care visits.

Medi-Cal

Consistent with the Department of Health Care Services' (DHCS) March 18, 2020 letter, "Medi-Cal Payment for Telehealth and Virtual/Telephonic Communications Relative to the 2019-Novel Coronavirus," all Medi-Cal providers including but not limited to physicians, nurses, mental health practitioners, substances use disorder practitioners, dietitians, and therapy providers, FQHCs, RHCs, and Tribal 638 Clinics will be reimbursed at contracted rates for covered services, whether the service is provided in-person or through telehealth. This includes traditional telehealth modalities, i.e., synchronous two-way interactive, audio-visual communication and asynchronous store and forward, and is inclusive of e-consults and other virtual/telephonic communication modalities as medically appropriate. We thank you and your staff for your continued commitment during this time. If you have any questions, please contact Provider Services at ProviderServices@scfhp.com.

The virtual/telephonic visit must meet all requirements of the billed CPT or HCPCS code and must meet the following conditions:

- There are documented circumstances that prevent the visit from being conducted face-to-face, e.g. patient is quarantined at home, local or state guidelines direct that the patient remain at home (i.e. such as a shelter in place order), the patient lives remotely and does not have access to the internet or the internet does not support Health Insurance Portability and Accountability Act (HIPAA) compliance, etc.
- The treating health care practitioner intends for the virtual/telephone encounter to take the place of a face-to-face visit, and documents this in the patient's medical record.
- The treating health care practitioner believes that the Medi-Cal covered service or benefit being provided is medically necessary.
- The Medi-Cal covered service or benefit being provided is clinically appropriate to be delivered via virtual/telephonic communication, and does not require the physical presence of the patient.
- The treating health care practitioner satisfies all of the procedural and technical components of the Medi-Cal covered service or benefit being provided except for the face-to-face component, which would include but not be limited to:
 - a detailed patient history
 - a complete description of what Medi-Cal covered benefit or service was provided
 - an assessment/examination of the issues being raised by the patient
 - medical decision-making by the health care practitioner of low, moderate, or high complexity, as applicable, which should include items such as pertinent diagnoses at the conclusion of the visit, and any recommendations for diagnostic studies, follow-up, or treatments, including prescriptions
- Sufficient documentation must be in the medical record that satisfies the requirements of the specific CPT or HCPCS code utilized.

Guidelines for telehealth & virtual/telephonic visit reimbursement:

Providers should bill SCFHP for covered benefits or services using the appropriate CPT or HCPCS codes, using Place of Service code "02," which indicates that services were provided or received through a telecommunications system, and using one of the following modifiers:

- For services or benefits provided via synchronous, interactive audio, and telecommunications systems, bill with modifier "95."
- For services or benefits provided via asynchronous store and forward telecommunications systems, bill with modifier "GQ."

Virtual/telephonic visits that do not meet the requirements above should be billed in accordance with existing Medi-Cal guidance as outlined in the Medi-Cal Provider Manual at <https://bit.ly/MCguidanceTelehealth> and/or posted to the Medi-Cal Rates Information page at <https://bit.ly/Medi-CalRates>.

Cal MediConnect

Current Centers for Medicare & Medicaid Services' (CMS) regulations provide coverage for telehealth, virtual check-ins, and e-visits. The 1135 waiver authority and Coronavirus Preparedness and Response Supplemental Appropriations Act expands certain services on a temporary and emergency basis.

Telehealth:

The expanded telehealth coverage includes:

- The ability for patients to receive telehealth from their residence including the patient's home, or skilled nursing facility (SNF) in the event they are a resident of that SNF.
- A broader range of providers can provide telehealth services, including: physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals.
- Waiving the requirement for the patient to have an established relationship with the provider.
- Reimbursing providers the same rate as if the visit was conducted in the office.

The CMS guidance does not expand the provision of telehealth services to include telecommunications only. This means that telehealth for Cal MediConnect members will only be reimbursed when provided through telehealth systems that include audio/visual components and meet all other conditions. CMS' allowable codes for telehealth services can be found at www.CMS.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes.

Virtual check-ins:

In all areas (not just rural), established Medicare patients in their home may have a brief, patient-initiated communication with practitioners via a number of communication technology modalities, including synchronous discussion over a telephone or exchange of information through video or image. SCFHP will pay for virtual check-ins for established patients to communicate with their doctors. The virtual check-in may not be related to a medical visit within the previous seven (7) days, and may not lead to a medical visit within the next twenty-four (24) hours (or earliest appointment available). The patient must verbally consent to receive virtual check-in services.

Virtual check-ins furnished through several communication technology modalities, such as telephone, may be billed using HCPCS code "G2012." The practitioner may respond to the patient's concern by telephone, audio/video, secure text messaging, email, or use of a patient portal. In addition, separate from these virtual check-in services, captured video or images can be sent to a physician and billed using HCPCS code "G2010."

E-visits:

There is no change to Medicare covered e-visits. See the following chart that summarizes the Medicare coverage for telehealth, virtual check-in, and e-visit services.

Type of service	What is the service?	HCPCS/CPT code	Patient relationship with provider
Medicare telehealth visits	A visit with a provider that uses telecommunication systems between a provider and a patient.	<p>Common telehealth services include:</p> <ul style="list-style-type: none"> • 99201-99215 (Office or other outpatient visits) • G0425-G0427 (Telehealth consultations, emergency department or initial inpatient) • G0406-G0408 (Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs) <p>For a complete list: https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes</p>	<p>For new* or established patients.</p> <p>*To the extent the 1135 waiver requires an established relationship, HHS will not conduct audits to ensure that such a prior relationship existed for claims submitted during this public health emergency.</p>
Virtual check-in	A brief (5-10 minutes) check in with your practitioner via telephone or other telecommunications device to decide whether an office visit or other service is needed. A remote evaluation of recorded video and/or images submitted by an established patient.	<ul style="list-style-type: none"> • HCPCS code G2012 • HCPCS code G2010 	For established patients
E-visits	A communication between a patient and their provider through an online portal.	<ul style="list-style-type: none"> • 99421 • 99422 • 99423 • G2061 • G2062 • G2063 	For established patients

Additional information

Health Insurance Portability and Accountability Act (HIPAA)

Effective immediately, the HHS Office for Civil Rights (OCR) will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communications technologies, such as FaceTime or Skype, during the COVID-19 nationwide public health emergency. For more information visit: <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/index.html>.

If you need to close your office due to exposure:

SCFHP is committed to ensuring access to care for our members. In the event of an office closure, you may use telehealth services as described in this memo. In addition, or alternatively, you may:

- Refer your patients to our Nurse Advice Line 24 hours a day, 7 days a week:
 - Medi-Cal members **1-877-509-0294**
 - Cal MediConnect members **1-844-803-6962**
- Direct your patients who are SCFHP members to another clinic location or to an after-hours service
- Instruct patients to contact SCFHP Customer Service who can connect them to alternate providers to support their continued care:
 - Medi-Cal members **1-800-260-2055** (TTY: 711) Monday through Friday, 8:30 a.m. to 5 p.m.
 - Cal MediConnect members **1-877-723-4795** (TTY: 711) Monday through Friday, 8 a.m. to 8 p.m.

Should you incur an office closure or any disruption in service, please notify Provider Network Management immediately at providerservices@scfhp.com.

Thank you for your continued partnership in providing care to SCFHP members. For any questions about reimbursement for telehealth services, please email us at providerservices@scfhp.com.